PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

01250/41

CLAIMS AS FILED - PART I (Column 1)					l (Colu	mn 2)		SMALL EN	ITITY	OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			(0				ſ	RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMB	ER EXTRA	Ì	BASIC FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			(O minus 20=		. 0			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			7 minus 3 =		* 0			X40=		OR	X80=			
MULTIPLE DEPENDENT CLAIM PF			RESENT					+135=		OR	+270=			
* If the difference in column 1 is less than zero, er					r "0" in c	olumn 2		TOTAL		OR	TOTAL	710		
T 	find c	(Column 3)		SMALL I	ENTITY	ÖR	OTHER SMALL I							
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	· 10	Minus	9	10	=		X\$ 9=		OR	X\$18=			
	Independent	NTATION OF M	Minus	***	S CLAIM	= -		X40=		OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=			
BEST AVAILABLE COPY								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE			
		(Column 1)		(Colui		(Column 3)				•				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 2	Minus		0	=		X\$ 9=		OR	X\$18=			
AME	Independent	TATION OF MI	Minus	***	CLAIM	=		X40=		OR	X80=			
	T WO T T TEGE		JEIN EE DEI	ועפטוו	OL/ (IIVI		' [+135=		OR	+270=			
							4	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE			
	The same of the same and the same states are same states are same states and the same states are s	(Column 1)		(Colur		(Column 3)	1							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***	F O1 A114	-		X40=		OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA							+135=		OR	+270=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										I	TOTAL			
***	f the "Highest Nur	mber Previously Pa	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											